Staff use: Date	
Time	

ZONING CONSULTATION REQUEST FORM

Flathead County Planning and Zoning 1035 First Avenue West, Ste. C200 Kalispell, MT 59901 Tel 406-751-8200 Fax 406-751-8210

Please complete the following questions and attach required supporting documents. Upon receipt, a planner will contact you to schedule a preapplication conference.

1.	PROPERTY OWNER:		рц	IONE
	PROPERTY INFORMATION:			wnship Range
Subo	division/ Lot, if any		Assessor's Numbe	r
	sical Address			
	ing District			
	ting Use and Structures on Property	•		
	•			
Expi	lanation why new zoning is being so	ought.		
	Land Use Map Designation: (please Flathead County Growth Policy Maland use map	1 0	1 0 0	1
	TELL CHANNEL DI			
6. A	ATTACHMENTS: Please attach	all of the following docu	ments:	
	USGS topographic map (8 ½'	' x 11" minimum) showi	ng the surrounding area, with the	following information shown:
	property boundaries, access roa	ds, nearby creeks and str	eams, municipal boundaries, and	airports, as applicable
	Vicinity map (8 ½" x 11" mini	mum)		
	General site information:			
	General location	Approximate bo	oundaries of existing tract	Wildlife range
	Natural features	Existing structu	res and public improvements	Steep Slopes
	Existing Utilities	Known easeme	nts and rights of way	Wetlands
	Drainages/Swales	Water resources	s (rivers, streams, etc)	100-year floodplair

Thank you for providing a complete meeting request, allowing us to offer you a more accurate review of your application.

Additional information may be requested at a later point.